IBT no.:	Liability period:	through	REV 01	FOF	RM 090
Name: Number and street			E S/_/ NS ED CA RC		
Address:			Do not write above this line.		
City	State	ZIP			
You must round your figures to whole d Step 1: Figure the net amo		Step 3: Figure your payme	nt due		
1 Total number of tires sold	1	12 Excess tire fee collected			
2 Total number of deductible tires	2	_ (See instructions.)	12		
3 Number of tires subject to tire fee	2	13 Total tire fee, penalty, and interest	13		
(Subtract Line 2 from Line 1.) 4 Gross amount of tire fee collected	3	_ (Add Lines 8,11, and 12.) 14 Credit memorandum	13		
(Multiply Line 3 by \$2.50.)	4		14		
5 Collection allowance you keep	-	15 Payment due	17		
(Multiply Line 3 by 10 cents (\$0.10)	5	_	15		
6 Prior overpayment		_ (Cashaet Line 11 hom Line 16.)			
(See instructions.)	6				
7 Total subtractions	-	_			
(Add Lines 5 and 6.)	7	_ Make your check payable to the "Illinois	Departmen	t of Rev	enue"
8 Net amount due			-		
(Subtract Line 7 from Line 4.)	8	_ Step 4: Sign below			
		Under penalties of perjury, I state that I have			
Step 2: Figure your penalty	and interest	best of my knowledge, it is true, correct and return is taken from the records of the busing			ion in this
If you filed after the due date, see instru	uctions.	return is taken nom the records of the busine	COS TOT WITHCITT	t is filed.	
9 Penalty	9			,	1
10 Interest	10	Taxpayer's signature Pr	none	/_ Date	
11 Total penalty and interest				,	1
(Add Lines 9 and 10.)	11	Paid preparer's signature Ph	none	/ Date	
		Write the amount you are paying from I	Line 15 here		
		\$			
		Φ			
		Mail this return and any payment you o	we to:		
		ILLINOIS DEPARTMENT OF REVENU SPRINGFIELD IL 62776-0001	JE		